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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Miller, Christopher, Austin, ,		2. Candidate's FEC Identification Number H8FL27045
(b) Address (number and street) <input type="checkbox"/> Check if address changed P.O. Box 347335		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Coral Gables FL 33234		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate FL 27

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Christopher Miller For Congress		
(b) Address (number and street) P.O. Box 347335		
(c) City, State, and ZIP Code Coral Gables FL 33234		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State, and ZIP Code		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Miller, Christopher, Austin, , <i>[Electronically Filed]</i>	Date 06/06/2017
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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